

CITY OF PATERSON  
DEPARTMENT OF HEALTH &  
HUMAN SERVICES

JOEL D. RAMIREZ  
DEPARTMENT DIRECTOR

DAYSILING VARGAS  
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OFFICE OF PLANNING & PROGRAM ANALYSIS



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ANDRÉ SAYEGH  
MAYOR

January 13, 2025,

The Paterson Department of Health & Human Services provides serving community/faith-based organizations the opportunity to partner with the city through an annual Request for Proposal (RFP) process.

**The 2025 Paterson Department of Health & Human Services RFP release date is**  
**Monday, January 13, 2025**  
**ONLY available to download from**  
**City of Paterson website: [www.patersonnj.gov](http://www.patersonnj.gov) until**  
**Friday, January 24, 2025.**

The RFP is processed through our Social Services Division. The purpose is to build and sustain a stronger Paterson and help to create, improve and/or expand the delivery of services to the citizens of Paterson. Our grants support local efforts to provide our community and/or faith-based organizations the opportunity to enhance their programs.

Please review the guidelines, eligibility criteria, and the procedures on the following pages and carefully complete and submit your proposal in the requested format.

The programs must address the Scope of Services as outlined below:

- Provide meaningful educational/recreational activities for youth;
- Support effective senior service programs;
- Utilize evidence-based projects to ensure positive performance outcomes.
- Foster collaboration among different community agencies, and city government;
- Reflect a comprehensive approach to identify and meet specific goals and objectives as specified.

Please feel free to contact Daysiling Vargas [dvargas@patersonnj.gov](mailto:dvargas@patersonnj.gov) should you require additional information.

We look forward to working with you.

**CITY OF PATERSON  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
OFFICE OF PLANNING & PROGRAM ANALYSIS**

**2025 SOCIAL SERVICES  
REQUEST FOR PROPOSAL APPLICATION (RFP)**

**GENERAL INFORMATION**

**Release Date:** Monday, January 13, 2025

**Submission Date:** Applications must be clearly typed and each section must be completed.  
**An original and three (3) copies must be submitted by Thursday, February 28, 2025 no later than 12:00 noon to;**

**Department of Health & Human Services  
Office of Planning & Program Analysis  
125 Ellison Street,  
Paterson, New Jersey 07505  
ATTN: Daysiling Vargas, Program Monitor**

**Eligibility:** Applicant must be recognized as a 501 (c) 3 organization within the City of Paterson and/or serving the citizens of Paterson;

**Applicants must include a completed Application Checklist attached to original application only. Applications will not be accepted without the checklist.**

**The information provided for the checklist must be current. If not, you must provide an explanation on a separate sheet.**

- Nonprofit Corporation with proof of 501(c) 3 tax-exempt status;
- A minimum of five years of experience in providing social services;
- Strong board involvement and competent leadership; and
- Proven track record of relationships fostered with other organizations and constituencies in the community, and city government.

**Grant Request:** \$6,000 - \$15,000

**Application  
Due Date:** **Thursday, February 28, 2025 no later than 12:00 noon**

**CITY OF PATERSON  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
OFFICE OF PLANNING & PROGRAM ANALYSIS**

**2025 SOCIAL SERVICES RFP**

**APPLICATION CHECKLIST**

**Please Note: The following documents must be attached to this check list and submitted with the original application only.**

All items listed below must be attached to the 2025 Social Service RFP Original Application. Please place an 'X' on the line preceding each item signifying attachment in the order as listed.

1. \_\_\_\_\_ Current after school program license (if applicable);
2. \_\_\_\_\_ Current Annual Audit Report (must be completed by an independent Certified Public Account and in compliance with OMB Circular A-128 or OMB Circular A-133);
3. \_\_\_\_\_ Certificate of Incorporation;
4. \_\_\_\_\_ Copy of 501 (c) 3 tax exempt status letter;
5. \_\_\_\_\_ List of current Board of Directors and Affiliations;
6. \_\_\_\_\_ Copy of Board of Directors meeting schedule;
7. \_\_\_\_\_ Copy of the agency's holiday calendar;
8. \_\_\_\_\_ A statement that the agency is in compliance with annual filing requirements of the Internal Revenue Services – Good Standing Certification;
9. \_\_\_\_\_ Provide two (2) letters of support.

**Providing that your agency is selected you MUST provide the following:**

10. \_\_\_\_\_ Copy of Insurance Certificate meeting the following standards:
  - A. Providing the City of Paterson Department of Health & Human Services with notification in case of cancellation.
  - B. Endorsement sheet including the City of Paterson Department of Health & Human Services as an additional insured {Note: applicants that are not already providing services under this Grant Program may defer fulfillment of this requirement "B" until a grant is actually awarded}

**CITY OF PATERSON  
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**2025 SOCIAL SERVICES RFP**

**Application Cover  
(Print Clearly)**

Legal Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Website: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please check service category and indicate amount requested from DHHS**

<u>Service Categories</u>	<u>Amount Requested from DHHS</u>
_____ <b>Youth Services</b>	_____
_____ <b>Senior Services</b>	_____
_____ <b>Other Services</b>	_____

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Representative:

\_\_\_\_\_  
Print: Name & Title:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**CITY OF PATERSON  
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**2025 SOCIAL SERVICES RFP**

**Application Instructions**

**Please follow directions – use a 12” Times New Roman font; single space and 1” margins.**

**1. Introduction – (Two-page limit)**

Please provide a description of your agency, include mission statement, history and previous experience in delivering programs in the City of Paterson;

**2. Statement of Need – (One-page limit)**

Please describe the need to be addressed through this funding process and explain its importance, include current demographics of the population to benefit from this service;

**3. Program Description – (Two-page limit)**

Please provide a detailed description of the program to be implemented if funding is secured. Include your plans to collaborate with other community/faith-based agencies in the City of Paterson to ensure other services are being provided to your customer base;

**4. Goals and Objectives – (Two-page limit)**

Please provide your program goals and following each goal provide the objectives that will ensure the program goals are met. Please use measureable terminology which will clearly define how success is measured;

**5. Program Activities – (One-page limit)**

Please provide a program calendar listing scheduled events to occur: daily, weekly, and/or monthly. Include time and location;

**6. Target Population – (One-page limit)**

Please include the specific demographics of the population to be served from this program: total number; ages; economic status (eligible for free or reduced school lunch); household size;

**7. Program Evaluation – (One-page limit)**

Describe the program evaluation tools that will be used to demonstrate positive performance outcomes and briefly describe staff performance evaluation process; **provide a sample form**)

**8. Budget, Budget Narrative & Sustainability – (Three-page limit)**

Please provide a detailed budget and a budget narrative describing how these funds will be allocated and describe future funding plans addressing program sustainability.

**NOTE: Page limit 14 including cover**